

<b>TECHNICAL REPORT OF U.S. ARMY AIRCRAFT ACCIDENT</b> <b>PART II - SUMMARY</b> For use of this form, see DA Pamphlet 385-40; the proponent agency is OCSA.										<b>REQUIREMENTS CONTROL SYMBOL</b> <b>CSOCS-309</b>					
<b>1. CLASSIFICATION</b> a. Type <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C b. Category <input type="checkbox"/> Flight <input type="checkbox"/> Flight Related					<b>2. TYPE EVENTS</b> a. b. c.										
<b>3. PERIOD OF DAY</b> <input type="checkbox"/> Dawn <input type="checkbox"/> Day <input type="checkbox"/> Dusk <input type="checkbox"/> Night					4. a. On Post <input type="checkbox"/> Yes <input type="checkbox"/> No b. On Airfield <input type="checkbox"/> Yes <input type="checkbox"/> No										
<b>5. NEAREST MIL INSTALLATION</b>					<b>6. NO. OF ACFT INVOLVED</b>										
<b>7. LOCATION</b> a. City:		b. State:		c. Country:		d. Grid or Lat./Long.:									
8. a. Acft MTDS:		b. (1) Orgn Acft Asgd:		(2) UIC:		c. Instal Acft Asgd:									
<b>9. ORGN/CHAIN OF CMD INVOLVED AND ACCOUNTABLE</b>															
a. ORGN/Chain of Cmd Involved		Orgn Involved		Chain of Cmd		Chain of Cmd		Chain of Cmd		Army HQ					
		(1) Unit													
		(2) UIC													
b. ORGN/Chain of Cmd Accountable		Orgn Accountable		Chain of Cmd		Chain of Cmd		Chain of Cmd		Army HQ					
		(1) Unit													
		(2) UIC													
<b>10. a. Estimated Cost</b> <input type="checkbox"/> Total Loss					<b>11. SURVIVABILITY</b>		<b>12. IN-FLT ESCAPE</b>		<b>13. FIRE</b>		<b>14. POSTCRASH ESCAPE DIFFICULTIES</b>				
(1) Acft Damage Cost \$					<input type="checkbox"/> Survivable		<input type="checkbox"/> Ejection		<input type="checkbox"/> None		<input type="checkbox"/> Yes				
(2) Repair M/Hrs Cost \$					<input type="checkbox"/> Partially Survivable		<input type="checkbox"/> Bailout		<input type="checkbox"/> Inflight		<input type="checkbox"/> No				
(3) Other Damage Mil \$					<input type="checkbox"/> Nonsurvivable		<input type="checkbox"/> Not Accomplished		<input type="checkbox"/> Post-crash		<input type="checkbox"/> No				
(4) Other Damage Civ \$					<input type="checkbox"/> Acft Missing		<input type="checkbox"/> NA		<input type="checkbox"/> Other		<input type="checkbox"/> NA				
(5) Injury Cost \$					<b>15. USABLE FUEL ABOARD ACFT</b>		a. At Takeoff: lbs.		b. At Time of Emerg: lbs.						
(6) Total Cost This Acft \$							c. At Acft or Term: lbs.		d. Type Fuel:						
<b>b. Total Cost Multiple Acft</b> \$					<b>18. MISSION</b> a. Type  b. Operations <input type="checkbox"/> Single-ship <input type="checkbox"/> Multi-ship		<b>19. INJURIES (Number)</b>		Fatal (A)	Disabling (B - E)	Nondisabling (F-G)	Missing (H)	Not injured (I)		
<b>16. GENERAL DATA</b>							a. Occupants Military								
a. Fluid Spillage <input type="checkbox"/> Yes <input type="checkbox"/> No							b. Occupants Other								
b. (1) Night Visual Aids Used <input type="checkbox"/> Yes <input type="checkbox"/> No							c. Non-Occupants Mil								
(2) Specify Type							d. Non-Occupants								
c. (1) Digital Source Collector Installed <input type="checkbox"/> Yes <input type="checkbox"/> No							e. Total This Acft								
(2) Specify Type							f. Multiple Acft Event								
d. Field Training Exercise Involved <input type="checkbox"/> Yes <input type="checkbox"/> No															
e. Heads-Up Display In Use <input type="checkbox"/> Yes <input type="checkbox"/> No															
f. Emergency Locator Transmitter Installed <input type="checkbox"/> Yes <input type="checkbox"/> No															
<b>20. TERRAIN OF CRASH SITE (More than one may apply)</b>															
a. General Characteristics							b. Surface at Crash Site								
<input type="checkbox"/> Mountain <input type="checkbox"/> Desert <input type="checkbox"/> Rolling <input type="checkbox"/> Flat <input type="checkbox"/> Water							<input type="checkbox"/> Prepared <input type="checkbox"/> Ice <input type="checkbox"/> Sod <input type="checkbox"/> Snow <input type="checkbox"/> Soggy <input type="checkbox"/> Water								
c. Crash Site Grade <input type="checkbox"/> Level <input type="checkbox"/> Slope Degrees							d. Obstacles at Crash Site <input type="checkbox"/> Stumps <input type="checkbox"/> Trees <input type="checkbox"/> Bldg <input type="checkbox"/> Wires <input type="checkbox"/> Rocks/Boulders <input type="checkbox"/> Other								
<b>21. FLIGHT DATA</b>		Flight Duration		Phase of Operation		Altitude		Airspeed TAS		Heading (Compass)		Aircraft Weight		Overgross Yes No	
a. Planned Data		Hr				AGL MSL								<input type="checkbox"/> <input type="checkbox"/>	
		Tns													
b. When Emergency Occurred		Hr												<input type="checkbox"/> <input type="checkbox"/>	
		Tns													
c. Accident or Termination		Hr												<input type="checkbox"/> <input type="checkbox"/>	
		Tns													
<b>22. ACCIDENT CAUSE FACTORS (Enter a D, S, or U in appropriate blocks to identify definite, suspected, or undetermined causes)</b>															
a. Personnel				D, S, or U		Personnel (Continued)				D, S, or U					
(1) Flight Crew: Duty						(3) Supervisory Duty									
Duty						Duty									
Duty						(4) Other Duty									
(2) Ground Crew: Duty						b. Materiel Failure/Malfunction									
Duty						c. Environmental									
<b>23. SEQUENCE (Factual accident sequence from onset of emergency through termination of flight. Use additional sheet if required.)</b>															
<b>24. AVN SAFETY OFFICER</b>		a. Name, Rank, and Orgn						b. Signature							
<b>25. CASE NO.</b>		a. Date (YYYYMMDD)		b. Time		c. Acft Serial No.				<b>26. OTHER ACFT SERIAL NO.</b>					